

**PHYSIOTHERAPY NEW ZEALAND
PATIENT ADVERSE REACTION REPORTING FORM**

PRACTITIONER DATA

Years of physiotherapy experience _____ Postgraduate qualification _____

Length of time since a similar reaction has occurred _____ (days/weeks/months/years)

PATIENT DATA

Age _____ Sex _____

Diagnosis _____

Relevant medical history if applicable e.g. predisposing factors and risk factors, previous diagnoses, illnesses.

TREATMENT GIVEN

Hot pack Tape Ultrasound Massage

TENS Diathermy Exercise

Other (please specify) _____

Acupuncture
PAANZ Registered Acupuncturist: Yes No
Position of patient

Manipulation/mobilisation
Member NZMPA: Yes No
Position of patient

Style (Western, trigger point, TCM, etc)

Type (rotation, down slope, dog etc)

Needle length and type

Joint/Spinal level

Points used (include depth and direction)

Grade and frequency

Retention time/stimulation _____

TYPE OF ADVERSE REACTION

Faint <input type="checkbox"/>	Burn <input type="checkbox"/>	Subluxation/dislocation <input type="checkbox"/>
Dizziness <input type="checkbox"/>	Skin reaction <input type="checkbox"/>	Fracture <input type="checkbox"/>
Nausea <input type="checkbox"/>	*Tape allergy <input type="checkbox"/>	Severe aggravation of symptoms <input type="checkbox"/>
Vomiting <input type="checkbox"/>	Headache <input type="checkbox"/>	Pneumothorax <input type="checkbox"/>
Infection <input type="checkbox"/>	Paralysis <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

Significant new symptoms (please specify) _____

*Tape allergy – please give name of tape used and any skin preparation materials

Action taken (e.g. additional medical treatment, X-ray, advice etc.)

Outcome (including permanent consequences, loss of function etc)

ACC treatment injury claim lodged? (ACC2152) Yes No

(It is important ACC is notified if any serious adverse reactions occur)

Insurers notified of incident? (MPS, Aon Risk Management) Yes No

Any additional comments regarding this incident:

Please complete this form for any adverse reaction experienced by a patient in your care and send to:

Physiotherapy New Zealand, PO Box 27 386, Wellington or

Email PNZ@physiotherapy.org.nz

Retain a copy in the patient's records. Information will be analysed to assist establishment of best practice and results disseminated to PNZ members.